

FILED

JUL 27 2015
DAVID CREWS, CLERK
BY [Signature] Deputy

ND MISS. FORM P3, COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (4/00)

PAGE 1

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI

Jerry Lee Darnell
Plaintiff

v.

CASE NO. 1:15CV131-SA-SAA

Lowndes County Adult Detention Center

Defendant

JURY TRIAL DEMANDED

PRISONER'S COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT

1. The Plaintiff's full legal name, the name under which the Plaintiff was sentenced, the Plaintiff's inmate identification number, the Plaintiff's mailing address, and the Plaintiff's place of confinement are as follows:

A. Legal name:

Jerry Lee Darnell

B. Name under which sentenced:

Jerry Lee Darnell

C. Inmate identification number:

144544

D. Plaintiff's mailing address (street or post office box number, city, state, ZIP):

S.M.C.I., Area II, D-2 B-Zone Bed 128
P.O. Box 1419, Leakesville, MS 39451

E. Place of confinement:

South Mississippi Correctional Institution (SMCI)

2. Plaintiff names the following person(s) as the Defendant(s) in this civil action:

Name:

Barry Stanford

Title (Superintendent, Sheriff, etc.):

Detention Supervisor

Defendant's mailing address (street or post office box number, city, state, ZIP)

527 MLK Jr. Drive South
Columbus, MS 39701

Name: Sara Rickitt
 Title (Superintendent, Sheriff, etc.): Nurse
 Defendant's mailing address (street or post office box number, city, state, ZIP) 527 MLK Jr. Drive South
Columbus, MS 39701

Name: Richard T. Jones
 Title (Superintendent, Sheriff, etc.): Jail Administrator
 Defendant's mailing address (street or post office box number, city, state, ZIP) 527 MLK Jr. Drive South
Columbus, MS 39701

Name: N/A
 Title (Superintendent, Sheriff, etc.): N/A
 Defendant's mailing address (street or post office box number, city, state, ZIP) N/A
N/A

(If additional Defendants are named, provide on separate sheets of paper the complete name, title, and address information for each. Clearly label each additional sheet as being a continuation of Question 2).

3. Have you commenced other lawsuits in any other court, state or federal, dealing with or pertaining to the same facts that you allege in this lawsuit or otherwise relating to your imprisonment? ☐ Yes ☒ No
4. If you checked "Yes" in Question 3, describe each lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuit(s) on separate sheets of paper; clearly label each additional sheet as being a continuation of Question 4.

A. Parties to the lawsuit:

Plaintiff(s): N/A
 Defendant(s): N/A

B. Court: N/A C. Docket No.: N/A

D. Judge's Name: N/A E. Date suit filed: N/A

F. Date decided: N/A G. Result (affirmed, reversed, etc.): N/A

5. Is there a prisoner grievance procedure or system in the place of your confinement? ☒ Yes ☐ No
6. If "Yes," did you present to the grievance system the same facts and issues you allege in this complaint? (See question 9, below). ☒ Yes ☐ No
7. If you checked "Yes" in Question 6, answer the following questions:

A. Does the grievance system place a limit on the time within which a grievance must be presented?

☐ Yes

☒ No

B. If you answered "Yes," did you file or present your grievance within the time limit allowed?

☐ Yes

☒ No
No time limit

C. The court must find that you exhausted the prison's grievance system and administrative remedies before it can consider this Complaint. State everything you did to present your grievance(s). Be specific. Include the date(s) on which you filed or presented your grievances to prison officers; identify the officer(s). State your claim(s) exactly.

I filled out several Medical request forms asking to see an eye doctor with no response from the Nurse (Sara). I sent a Medical Request Form on the 2-20-2015, 3-2-2015, 3-12-2015, and an Inmate Request Form; Grievance.

D. State specifically what official response your grievance received. If the prison provides an administrative review of the decision on your grievance, state whether you applied for that review and what the result was.

Every Medical Request Form was ignored by Medical Staff. However, I spoke with Sara (Nurse) about seeing a doctor to get the stitches removed from my right eye. Sara (Nurse) told me that I would not be seeing a Doctor and LCADC would not be paying for it.

After several Medical request forms with no answer I filled out a Inmate Request Form, Grievance, asking to see an eye Doctor. Dentention Supervisor Barry Stanford responded on 3-13-15 stated that he spoke with medical and they told him that my stitches could not be removed safely. (I have the form) Barry Stanford is not a Doctor, let alone able to give medical advice. Today is 3-15-2015 and I have not seen a doctor yet. I was sch. to have the stitches removed last month. (2-2015) I had a corena transplate on Oct. 3, 2014. I have severe pains in my right eye since I've been here at LCADC and I've told the nurse and personnel about the pain.

Special Note: Attach to this Complaint as exhibits complete copies of all requests you made for administrative relief through the grievance system, all responses to your requests or grievances, all administrative appeals you made, all responses to your appeals, and all receipts for documents that you have.

8. If you checked "No" in Question 6, explain why you did not use the grievance procedures or system:

N/A

9. Write below, as briefly as possible, the facts of your case. Describe how each Defendant is involved. Write the names of all other persons involved. Include dates and precise places of events. Do not give any legal argument or cite any legal authority. If you have more than one claim to present, number each claim in a separate paragraph. Attach additional pages only if necessary; label attached pages as being continuations of Question 9.

Sara (Nurse) at LCADC denied me Medical Attention to my face on 1-30-2015. Detention Supervisor Barry Stanford aided her act when he also denied me Medical Attention. In addition, I spoke with the Jail Administrator Robert T. Jones face to face about seeing an eye doctor and legal books. He said he would look into it, he never did. I never saw the nurse again while I was at Lowndes County Adult Detention Center. As a result of not going to the eye doctor while I was at LCADC I have had two surgeries on my right eye. One was a stent put in my eye on the 5-4-2015 that took all my sight from right eye, and another surgery on 6-11-15 to repair retina. If I would have went to the doctor sooner I might still have my eye sight in right eye.

10. State briefly exactly what you want the court to do for you. Do not make legal arguments. Do not cite legal authority.

I want the Court to give me relief in the sum of \$15,000,000 for pain, fear of the justice system, and violations of my Constitutional Rights. In addition to deliberate indifference, medical negligence, color of state law, and injunctive relief, or any other relief the plaintiff may be entitled.

This Complaint was executed at (location):

South Mississippi Correctional Institution
P.O. Box 1419, Leakesville, MS 39451

and I declare or certify or verify or state under penalty of perjury that this Complaint is true and correct.

Date: 7-23-2015


Plaintiff's Signature

EXHIBIT A

Original

(Do not copy form when filled out without Medical Staff Approval)

Lowndes County Adult Detention Center

****MEDICAL CARE REQUEST FORM****Inmate Name: Jerry Darnell

SSN: _____ Birthdate: _____

(Circle One) Male/Female

Pod: _____ Dayroom: _____ Today's Date: 2-20-15 Time: _____**Illness:**My right eye is bothering me. Can I see
an eye doctor?IF **YOU TAKE MEDICATION** ANSWER THE NEXT TWO QUESTIONS:WHO IS YOUR DOCTOR (S): Dr. Laney (C.E.I.)WHAT PHARMACY (S) DO YOU USE: KrogerAre you allergic to any medications? Yes/No No

If yes which ones.

I agree to allow the Lowndes County Sheriff's Office jail division to acquire necessary medical treatment for the above listed complaint(s).

Inmate Signature: Jerry Darnell

Signature of Detention Officer

Date

Time

EXHIBIT B

(Do not copy form when filled out without Medical Staff Approval)

Lowndes County Adult Detention Center

MEDICAL CARE REQUEST FORM

Inmate Name: Jerry Connel

SSN: _____ Birthdate: _____

(Circle One) (Male)/FemalePod: C Dayroom: F Today's Date: 3-2-2015 Time: _____**Illness:**My right eye is swelling, I need to see an eye Doctor.When will L.C.A.D.C. take me to the eye Doctor.**IF YOU TAKE MEDICATION ANSWER THE NEXT TWO QUESTIONS:**WHO IS YOUR DOCTOR (S): Dr. JacksonWHAT PHARMACY (S) DO YOU USE: Kroger

Are you allergic to any medications? Yes/No

If yes which ones: _____

I agree to allow the Lowndes County Sheriff's Office jail division to acquire necessary medical treatment for the above listed complaint(s).

Inmate Signature: [Signature]

Signature of Detention Officer

Date

Time

INMATE REQUEST FORM (PAGE 2)

ALL FORMS WILL BE RECEIVED AND DISTRIBUTED BY THE DETENTION DIVISION (LT)

INMATES ARE TO FILL IN ALL SHADED AREAS OF THE FORM. IF NOT, FORM IS INCOMPLETE AND WILL BE DISPOSED OF.

Please print and complete all information:

NAME: Jerry Darnell SOCIAL SECURITY # XXX-XX-6419 (Last Four ONLY)

DATE: 3-12-2015 TIME: _____ POD: C DAYROOM: F CELL # 214

☒ CHECK IF GRIEVANCE

Briefly state your (ONE) request, sign at the X (Only one (1) signature per form.)

When writing request, make sure you press down so all writing is legible. If not, the form will be returned.

(1) ONE REQUEST:

I have wrote several Medical Request forms asking to see an eye Doctor concerning my right eye. I have stitches in my eye that were suppose to be removed last month (2-3-2015). I asked Sara about going to the Doctor, she refused me Medical Attention.

Jerry Darnell
INMATE SIGNATURE

***** DO NOT WRITE BELOW THIS SECTION***** FOR REFERRAL & REPLY ONLY OR REQUEST WILL BE DISPOSED OF*****

REFERRED TO:

BY:

<input type="checkbox"/> LEGAL DEPT.	<input type="checkbox"/> COURTS	<input type="checkbox"/> MAILROOM	<input type="checkbox"/> GRIEVANCE
<input type="checkbox"/> ACCOUNTS & CANTEN	<input type="checkbox"/> LIBRARY	<input type="checkbox"/> SHIFT SPVSR. (GPL)	<input type="checkbox"/> SUPPORT SPVSR. (LT)
<input type="checkbox"/> INDIGENT	<input type="checkbox"/> VISITATION	<input type="checkbox"/> SHIFT SPVSR. (SGT)	<input type="checkbox"/> DETENTION SPVSR. (LT.)
<input type="checkbox"/> PROPERTY	<input type="checkbox"/> INVESTIGATOR	<input type="checkbox"/> NARCOTICS AGENT	<input type="checkbox"/> JAIL ADMINISTRATOR

RESPONSE: 3-13-15 I spoke with medical. Your stitches you claim to be of your right eye has been in a year or longer. They are unable to remove safely after all this time.

<input type="checkbox"/> REQUEST NOT FEASIBLE AT THIS TIME	<input type="checkbox"/> RETURNED DUE TO NOT FOLLOWING INSTRUCTIONS
<input type="checkbox"/> NO RESPONSE - DUPLICATE FORM(S)	<input type="checkbox"/> NO RESPONSE - WRITING NOT LEGIBLE
<input type="checkbox"/> NO RESPONSE - REFER TO # <input type="checkbox"/>	<input type="checkbox"/> ON BACK OF FORM <input type="checkbox"/> INMATE HANDBOOK <input type="checkbox"/> DAYROOM MEMO
<input type="checkbox"/> NO RESPONSE DUE TO INCOMPLETE FORM	<input type="checkbox"/> REFER TO RESPONSE DATED: _____

OFFICER'S SIGNATURE LD 43 Strahl DATE 3-12-15 TIME TIME 1435

Jerry Darnell # 144544
DQ; Area II, B-Zone Bed 128

P.O Box 1419
Leakesville MS, 39451

RECEIVED

JUL 27 2015

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI

RECEIVED

JUL 27 2015

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI

SMCI
Approved Legal Mail

JUL 23 2015



Office of Legal Services
Inmate Legal Mail
South MS Correctional Institution
Leakesville, MS 39451

U.S.D.C Clerk
Northern Division
301 W. Commerce St STE
Aberdeen, MS 39730



U.S. POSTAGE >> PITNEY BOWES
ZIP 39451 \$ 001.44
02 1W
0001393768 JUL 23 2015

State Postage Paid Legal Mail
South MS Correctional Inst
Leakesville, MS 39451
This envelope has been opened for inspection
if an order enclosed and material not pertaining to legal
business or enclosures correspondence for forwarding to
another address, please return the envelope to the above
address.